

Cameras becoming ER physicians', courts' allies

Heather Kent

Treating victims of violence has always been part of emergency room work, says Dr. Ellen Taliaferro, but the types of violence have changed so much that the injuries today's emergency doctors face have been transformed too.

Taliaferro, an emergency physician at the University of Texas Southwestern Medical Centre in Dallas, says physical violence in the US today is profoundly different from that seen just 10 or 20 years ago. When she discussed the issue in March during the International Conference on Emergency Medicine in Vancouver, she said emergency rooms "can be a serene work-setting" until these victims of violence begin to appear. Until about 1990, victims of the "knife and gun club" arrived in American ERs. Now, she says, random acts of violence — "stranger danger" — are becoming more common.

After dealing with a case in which a 12-year-old child in San Francisco shot another child over a jean jacket, Taliaferro decided to act. In 1993 the 26-year emergency medicine veteran joined forces with Dr. Patricia Salber to establish Physicians for a Violence-free Society (PVS). Its goal is to train physicians and other health care professionals in violence prevention and documentation of physical violence. A typical PVS workshop includes a session on "domestic violence 101," says Taliaferro, because she often encounters low levels of physician awareness about this subject. Documentation of signs of violence with body maps and Polaroid photographs rounds out the training.

Taliaferro says "living forensics" — learning to recognize patterns of injury and the type of objects that cause injury — is a growing field, driven partly by prosecuting attorneys' need for solid evidence. Women are often reluctant to testify against those who have committed violence, but Taliaferro predicts that more cases will be reported to police if the evidence provided by physicians improves.

Polaroid photographs are admissible to court because they are tamper-proof and do not need laboratory processing. Because the best photographic evidence of injuries is obtained while they are acute, representatives from Polaroid attend PVS workshops and teach optimal techniques for cataloguing damage. To provide thorough evidence, full body shots and photos of the injured body part are taken, labelled and placed in the patient's record. Taliaferro predicts that this type of documentation will become standard practice in the US and Canada.

Dr. Anton Grunfeld, another conference cochair and an emergency physician at the Vancouver Hospital, launched Canada's first emergency room program concerning domestic-violence cases 6 years ago. The program is unique because it has a dedicated budget and a social worker who has been assigned to it since its inception. Nurses screen patients for signs of domestic violence when they arrive at the ER. "We don't leave it up to the doctor to decide," says Grunfeld. Patients identified as having violence-related injuries are given private rooms and seen faster; their care is provided by physicians, not medical students or residents. About 1400 women have been seen through the program, and more than half of them received a follow-up call or visit from the social worker. Picture-taking is now standard practice in Grunfeld's department, and the number of prosecutions for domestic violence has increased.

Meanwhile, the educational material prepared by PVS was recently reviewed by a task force, and a kit of course material will be available by this June. PVS can be reached at PO Box 35528, Dallas, TX 75235-0528; pvs84@airmail.net (email). ?



Features

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